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Please type a plus sign (+) inside this box → ☐PTO/SB/05 (4/98)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	OMRF 161 CIP
	First Inventor or Application Identifier	John B. Harley
	Title	DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR VIRUS IN AUTOIMMUNE DISORDERS
	Express Mail Label No.	EL320554545US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>72</u> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input checked="" type="checkbox"/> Statement verifying identity of above copies</li></ul>
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="checkbox"/>	<b>ACCOMPANYING APPLICATION PARTS</b>
4. Oath or Declaration [Total Pages <input ]<ul="" type="checkbox"/> <li>a. <input checked="" type="checkbox"/> Unexecuted</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) <input type="checkbox"/> Attorney
	9. <input type="checkbox"/> English Translation Document (if applicable)
	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	15. <input type="checkbox"/> Other: _____

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 08,781,296

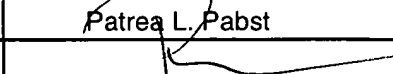
Prior application information: Examiner M. Zeman Group / Art Unit: 1631

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name	Patrea L. Pabst				
	Arnall Golden & Gregory, LLP				
Address	2800 One Atlantic Center				
	1201 West Peachtree Street				
City	Atlanta	State	GA	Zip Code	30309-3450
Country	United States	Telephone	(404) 873-8794	Fax	(404) 873-8795

Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284
Signature		Date	02/09/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>February 9, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>John B. Harley</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>OMRF 161 CIP</td> </tr> </table>		Application Number		Filing Date	February 9, 2000	First Named Inventor	John B. Harley	Examiner Name		Group / Art Unit		Attorney Docket No.	OMRF 161 CIP
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TOTAL AMOUNT OF PAYMENT (\$)		516.00													

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<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 01-2507</p> <p>Deposit Account Name: Arnall Golden &amp; Gregory, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h3 style="text-align: center; margin: 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">1. BASIC FILING FEE</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> <td>345.00</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$345.00)</b></td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">2. EXTRA CLAIM FEES</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>26</td> <td>-20 = 6</td> <td>9.00</td> <td>54.00</td> </tr> <tr> <td>6</td> <td>-3 = 3</td> <td>39.00</td> <td>117.00</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">Large Entity Small Entity</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> </tr> </tbody> </table> </div> </div>	Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	690	201	345	Utility filing fee	345.00	106	310	206	155	Design filing fee		107	480	207	240	Plant filing fee		108	690	208	345	Reissue filing fee		114	150	214	75	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$345.00)</b>	Total Claims	Extra Claims	Fee from below	Fee Paid	26	-20 = 6	9.00	54.00	6	-3 = 3	39.00	117.00	Multiple Dependent				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	78	202	39	Independent claims in excess of 3	104	260	204	130	Multiple dependent claim, if not paid	109	78	209	39	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>				
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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		Patrea L. Pabst		Reg. Number	31,284
Signature		Date	02/09/00	Deposit Account User ID	01-2507

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

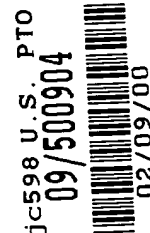
Applicants: John B. Harley, Judith A. James, Kenneth M. Kaufman

Serial No.: Express Mail Label No.: EL 320 554 545 US

Filed: February 9, 2000 Date of Deposit February 9, 2000

For: DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR VIRUS IN  
AUTOIMMUNE DISORDERS

Assistant Commissioner  
for Patents  
Washington, D.C. 20231



**EXPRESS MAIL TRANSMITTAL LETTER  
FOR PATENT APPLICATION AND CERTIFICATE OF MAILING**

Sir:

Pursuant to 35 U.S.C. § 21(a) as amended by Public Law 97-247 and 37 C.F.R. § 1.10, John B. Harley, Judith A. James and Kenneth M. Kaufman enclose for filing the attached patent application entitled "DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR VIRUS IN AUTOIMMUNE DISORDERS", which claims priority to U.S.S.N. 08/781,296 filed January 13, 1997. The application includes 1 page of Abstract, 62 pages of specification, 6 pages of claims, 32 pages Sequence Listing and an unexecuted Declaration. An executed Declaration, an Assignment to Oklahoma Medical Research Foundation, Inc. and A Verified Statement Claiming Small Entity Status will be submitted shortly. A Verified Statement Claiming Small Entity Status was filed in the prior application and is still proper. A check in the amount of \$516.00 to cover the filing fee is enclosed.

This application is being filed on February 9, 2000 by mailing the application to the Assistant Commissioner for Patents, Washington, D.C. 20231 via the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10. The Express Mail label number appears in the heading of this paper which is attached to the application papers pursuant to 37 C.F.R. § 1.10(b).

This application contains nucleic acid and/or protein sequences as defined in 37 C.F.R. § 1.821-1.825. Pursuant to 37 C.F.R. § 1.821-1.825, a paper copy of the Sequence Listing is incorporated into the application. A 3½" diskette containing a computer-readable form of the Sequence Listing for the above-identified application will be submitted at a later date.

I declare that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issuing thereon.

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Order Account No. 01-2507. To facilitate this process, applicants have enclosed a duplicate of this letter.

All correspondence concerning this application should be mailed to:

Patrea L. Pabst, Esq.  
ARNALL GOLDEN & GREGORY, LLP  
2800 One Atlantic Center  
1201 West Peachtree Street  
Atlanta, Georgia 30309-3450

Respectfully submitted,

  
Patrea L. Pabst  
Reg. No. 31,284

Date: February 9, 2000

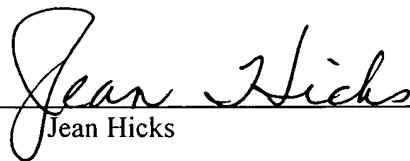
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(404) 873-8794  
(404) 873-8795 Telefax

"DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR VIRUS IN AUTOIMMUNE DISORDERS"  
Filed February 9, 2000  
Express Mail Transmittal Letter for  
Patent Application and Certificate of Mailing  
Express Mail Label No. EL320554545US

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10**

I hereby certify that this Express Mail Transmittal Letter for Patent Application and any documents referred to as attached therein are being deposited with the United States Postal Service on this date, February 9, 2000, in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10, mailing label number EL 320 554 545 US, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: February 9, 2000

  
\_\_\_\_\_  
Jean Hicks